

For the Year Ending December 31, 2000
of the Condition and Affairs of the

Aetna U.S. Healthcare Inc. (a Maine corporation)

NAIC Group Code..... 0001, 0001 NAIC Company Code..... 95517 Employer's ID Number..... 01-0504252
(Current Period) (Prior Period)

A Health Maintenance Organization organized under the Laws of the State of ME

Date Incorporated or Organized..... August 31, 29366	Date Commenced Business..... November 18, 13130
Date Federally Qualified as an HMO.....	Date Certified as an HMO..... November 18, 13130

Statutory Home Office	One Monument Square, Fifth Floor..... Portland ME 4101 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Address of Main Administrative Office	980 Jolly Road, P.O. Box 1109..... Blue Bell PA 19422 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-872-3862 <i>(Area Code) (Telephone Number)</i>
Name of Administrator	Mary Claire Bonner	
Mail Address	980 Jolly Road, P.O. Box 1109..... Blue Bell PA 19422 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	980 Jolly Road, P.O. Box 1109..... Blue Bell PA 19422 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-872-3862 <i>(Area Code) (Telephone Number)</i>
Annual Statement Contact	John Francis DeLucca <i>(Name)</i> AUSHC.HMO.DeLucca@aetna.com <i>(E-Mail Address)</i>	215-775-6508 <i>(Area Code) (Telephone Number) (Extension)</i> 215-775-6790 <i>(Fax Number)</i>

Service Areas of Counties.....Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York

OFFICERS

President Sal John Uglietta # Chief Financial Officer Steven Jay Sigal Secretary David Frederick Simon #

OTHER OFFICERS

Timothy Edmund Nolan	David Charles Smyk #	John Francis DeLucca	Robert John Roy
Paul Jeremiah Selian #	James David Weiss #		

DIRECTORS OR TRUSTEES

Daniel Richard Fishbein # Timothy Edmund Nolan # David Frederick Simon Sal John Uglietta

State of..... Pennsylvania
County of.... Montgomery

The officers of this company, being duly sworn, each depose and say that they are the above described officers of the said Health Maintenance Organization, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period stated above, and of its income and deductions therefrom for the period reported, and has been completed in accordance with the NAIC annual statement instructions and accounting practices and procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Sal John Uglietta	David Frederick Simon	Steven Jay Sigal
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this
.....day of, 2001
.....
NOTARY PUBLIC (Seal)

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....